

Town of Milton

115 Federal St
Milton, DE 19968



www.milton.delaware.gov

Phone: 302-684-4110

Fax: 302-684-8999

BUILDING PERMIT APPLICATION

Items in Red Must Be Completed

Property Owner: _____

Tax Map ID No. _____ Taxes Paid: _____ Rel. No: _____

Floodplain y/n if yes additional application required Zoning District: _____

Location: _____

Subdivision: _____ Lot: _____ Block: _____ Size: _____

HOA Approval (if applicable) ___ yes ___ no

<u>Contractor</u> NAME: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	<u>Applicant</u> (IF DIFFERENT FROM OWNER) NAME: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____	<u>Architect, Engineer, Other</u> NAME: _____ ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
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<u>APPLICANT SIGNATURE:</u>	<u>DATE:</u>	<u>ADDRESS:</u>	<u>TELEPHONE:</u>
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***AS APPLICANT YOU ARE ACTING AS AGENT FOR THE OWNER OF RECORD**

APPLICATION TYPE

<input type="checkbox"/> ADDITION RESIDENTIAL	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> POOL ___ ABOVE GRND ___ BELOW GRND
<input type="checkbox"/> ADDITION COMMERCIAL	<input type="checkbox"/> NEW CONST. – COM./IND.	<input type="checkbox"/> PUBLIC WORKS OR UTILITIES
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> NEW CONST. – RESIDENTIAL	<input type="checkbox"/> RENEWAL
<input type="checkbox"/> DEMOLITION – HP-OD	<input type="checkbox"/> RENOVATION --RESIDENTIAL	<input type="checkbox"/> SHED
<input type="checkbox"/> FENCE	<input type="checkbox"/> RENOVATION - COMMERCIAL	<input type="checkbox"/> SIGN
<input type="checkbox"/> OTHER (DESCRIBE BELOW)		

ESTIMATED COST:

BRIEF DESCRIPTION OF WORK:

OFFICE USE ONLY BELOW THIS LINE

ZONING APPROVAL

DISTRICT: _____ USE: _____ FLOODPLAIN: _____ FIRM PANEL # _____

HISTORIC DISTRICT: _____ APPROVAL DATE: _____

NOTES:

PLAN APPROVAL

DATE RECEIVED: _____ BY: _____ DATE APPROVED: _____ BY: _____

SIGNATURE: _____

PERMIT APPROVAL

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____